



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

July 6, 2007

GENERAL LETTER NO. 23-B-AP-3

ISSUED BY: Bureau of Purchasing, Payments, and Receipts,
Division of Fiscal Management

SUBJECT: Management Manual, Title 23, Chapter B, Appendix, ***COLLECTIONS APPENDIX***, Title page, revised; Contents (page 1), revised; and pages 1 through 5, revised; and form 470-0009, *Official Receipt*, unchanged.

Summary

This chapter is revised to reflect current policies and procedures.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter B, Appendix, from Management Manual, Title 23, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	July 21, 1998
Contents (page 1)	July 21, 1998
470-0009	6/98
1-5	July 21, 1998

Additional Information

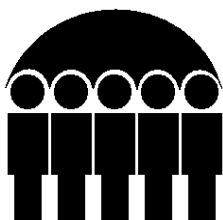
Refer questions about this general letter to your area income maintenance administrator, your service area manager, or your regional collections administrator.

Revised July 6, 2007

Management Manual
Title 23
Chapter B Appendix

COLLECTIONS

APPENDIX



Iowa
Department
of
Human Services

Official Receipt, Form 470-0009	1
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Iowa Department of Human Services		OFFICIAL RECEIPT	
Received From: (Name)		Date	
Address			
The Value of:		\$	<u>Form of Remittance</u> <input type="checkbox"/> Cash <input type="checkbox"/> Check or Draft <input type="checkbox"/> State Warrant <input type="checkbox"/> Food Stamps <u>Check Program Type</u> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medical Assistance <input type="checkbox"/> FACS <input type="checkbox"/> FIP <input type="checkbox"/> CSRU <input type="checkbox"/> Other
Explanation or Description:			
For:	Client Name	Client ID#	
	Client SSN.	Case Number	
By:	Worker Name	Office	
470-0009 (Rev. 6/98)		White-Payer	Yellow-See Manual
			Pink-Receipt Book
Yellow receipt copy must be retained for three and one-half years beyond the date of county audit			

Official Receipt, Form 470-0009

Purpose	<p>The <i>Official Receipt</i> is issued to document collections received by the Iowa Department of Human Services.</p> <p>Official receipt books are also used to write "reverse" receipts by which a client acknowledges receipt of items of value from the Department. For example, a client goes into a local office to pick up a warrant (undeliverable, wrong address etc.). The client acknowledges receipt of the warrant by signing the receipt.</p>
Source	<p>Official receipt containing three-part NCR forms are issued to regional and local offices of the Department. They are the responsibility of the person to whom the receipt book is issued.</p> <p>An income maintenance administrator or a service area manager or a regional collections administrator can request the official receipt books by e-mail or on form 470-0047 <i>Requisition</i>. (See <u>XXIII-K-Appendix</u>.) Submit the <i>Requisition</i> to the Bureau of Purchasing, Payments and Receipts, Hoover State Office Building.</p> <p>If there is no income maintenance administrator or services area manager or regional collections administrator, the <i>Requisition</i> is signed by, or the e-mail must come from, the acting administrator.</p> <p>Note: Service area managers and regional collection administrators are responsible for assigning personnel to complete the receipt. Maintain letters of authorization in each office.</p>
Completion	<p>Authorized Department employees acting in an official capacity issue <i>Official Receipts</i> to:</p> <ul style="list-style-type: none">◆ Acknowledge collections. This includes voluntary payments to repay Family Investment Program (FIP) or other types of assistance when no overpayment or claim exists.◆ Document that the client picked up a warrant from a Department office (reverse receipt).

Distribution

Collections remitted to the **Cashier's Office**, Bureau of Purchasing, Payments and Receipts:

- ◆ Original: Give the white copy to the payer when the collection is accepted. If a cash payment is received in the mail, the white copy may be mailed to the payer. This is not required unless the payer requests a receipt for the payment and includes a self-addressed stamped envelope with the payment. If the white copy is not mailed to the payer, keep it in the official receipt book with the pink copy.
- ◆ Duplicate: Forward the yellow copy with the collection to the Department of Human Services, Cashier's Office, Room 14, Hoover State Office Building. There it is stamped with date received and returned to the issuing office to be filed in the official receipt book with the pink copy. Retain the yellow receipt for five years beyond the date of the receipt.
- ◆ Triplicate: Keep the pink copy in the official receipt book.

Collections remitted to the **Child Support Recovery Unit**

- ◆ Original: Give the white copy of the *Official Receipt* to the payer when the collection is accepted. If a cash payment is received in the mail, the white copy may be mailed to the payer, but this is not required unless the payer requests a receipt for the payment and includes a self-addressed stamped envelope with the payment. If the white copy is not mailed to the payer, it must be retained in the official receipt book with the pink copy.
- ◆ Duplicate: Forward the yellow copy with the collection to Collection Services Center (CSC), PO Box 9125, Des Moines, IA 50306-9125 for payments to be applied to the CSC case.

Send payments that are for CSC recoupments, blood tests, court costs, or (incorrectly receipted payment) debt payments to the Bureau of Collections, PO Box 9243, Des Moines, IA 50306-9243.

CSC will date-stamp the date received on the duplicate copy and return it to the office that submitted the receipt to be filed in the official receipt book with the pink copy. Retain the yellow receipt for five years beyond the date of the receipt.

Collections remitted to regional or local offices

- ♦ Original: Give the white copy of the *Official Receipt* to the payer when the collection is accepted. If a cash payment is received in the mail, the white copy may be mailed to the payer, but this is not required unless the payer requests a receipt for the payment and includes a self-addressed stamped envelope with the payment. If the white copy is not mailed to the payer, it must be retained in the official receipt book with the pink copy.
- ♦ Duplicate: File the yellow copy in the official receipt book with the pink copy until the county audit is completed. Retain the yellow receipt for five years beyond the date of the receipt.
- ♦ Triplicate: Keep the pink copy in the official receipt book

Voided receipts: Voided or spoiled receipts shall be so marked. **All** copies of the receipt remain in the receipt book. If the original copy of the *Official Receipt* was given to the payer or remitter before voiding the other two copies, recover the official copy, void it, and place it in the book with the other two copies.

Reverse receipts: Leave all three copies (white, yellow, and pink) of the receipt in the book unless the yellow copy is needed for any other reason. The yellow copy will not be audited. Do not give the original (white part) to the client, because it contains the original signature for the item the Department has released. The pink and yellow copies are evidence that a reverse receipt was written.

When all receipts in receipt book have been issued, retain the book in the office for five years.

Retain the official receipt books issued to employees who leave the Department's employment in the regional or local office until examined by a field auditor from the Department of Inspections and Appeals or a state auditor. The auditor forwards the unused portion of the book to the Bureau of Purchasing, Payments and Receipts. The Bureau will keep the book for five years.

An employee who transfers from one county to another may take an unused receipt book from which no receipts have been written to the new county, if the Bureau of Purchasing, Payments and Receipts is properly notified. Maintain letters or e-mails of the authorization in both local offices (the county where the book was originally issued and the county of transfer) for review by field auditor.

Leave partially used receipt books for examination by a field auditor from the Department of Inspections and Appeals or a state auditor. The auditor forwards the unused portion of the book to the Bureau of Purchasing, Payments and Receipts. The Bureau will keep the book for five years.

Data

Complete the *Official Receipt* in its entirety:

- ◆ **Received From:** Enter the name of the person from whom the item is received. (Do not use the name of the client if someone other than client delivered the item.)
- ◆ **Date:** The date of issuance of the receipt is the same date that the funds, documents, or items are accepted or collected from the payer or remitter. (Do not use the date of transmittal to the cashier.)
- ◆ **Address:** Enter the address of the payer or remitter. Include box number, street address, city or town, state, and zip code.
- ◆ **The Value of:** Enter in words the amount of the collection. Enter the same amount in numerals following the caption "\$."
- ◆ **Form of Remittance:** Check the box for the item for which the *Official Receipt* is issued, i.e., cash, check or draft, or state warrant.
- ◆ **Explanation or Description:** Enter the reason or purpose of the collection. (Example: Returned food stamps from Jane Doe for July 1997 voluntary return of FIP benefits. No overpayment exists.)

Identify any collection which is the result of a claim established on the Overpayment Recovery System by listing claim number and date assistance or service was given and include form 470-0010, *Adjustment to Overpayment Balance*, when sending to Cashier's Office, Room 14, Hoover State Office Building. Instructions on completing form 470-0010 are found in [6-Appendix](#).

- ◆ **Client Information:** Indicate the client's name, (state) ID number, social security number, and case number.
- ◆ **Program:** Check the proper box for the account the collection should be applied. If the account is not listed, write the account name in the "Other" category.
- ◆ **By:** Signed by the person collecting or accepting the funds. This is the person authorized to sign the *Official Receipt*. Enter the name of the regional or local office.

Complete **reverse receipts** as follows:

- ◆ **Received from:** Iowa Department of Human Services.
- ◆ **Date:** Enter the date that the client picked up the item of value.
- ◆ **Address:** Office address.
- ◆ **The Value of:** Enter in words the value of the item given to the client. Enter the same amount in numerals following the caption "\$."
- ◆ **Form of Remittance:** Check the box for the item for which the *Official Receipt* is issued, i.e. state warrant, or food stamps, etc.
- ◆ **Explanation or Description:** Enter the reason or purpose for the receipt. (Example: Client picked up warrant for ... returned as undeliverable from post office.)
- ◆ **Client name:** The client signs their name in this area.
- ◆ **Worker name:** Leave blank. There is no need for Department staff to sign a reverse receipt.